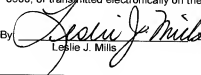
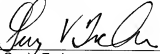


## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Schuler et al.	Group No: 3772
Application No: 10/734,076	Examiner: Nihir B. Patel
Confirmation No: 7962	Attorney Docket No: NK.130.00
Filed: December 10, 2003	August 20, 2008
Title: METERED DOSE INHALER WITH LOCKOUT	San Francisco, California 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>Extension of Time</b>		
<b>Papers Enclosed</b>  <input checked="" type="checkbox"/> Appeal Brief (22 pages) <input type="checkbox"/> Drawings (Formal) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form(s) _____ pages <input type="checkbox"/> References <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return (1)	<input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input checked="" type="checkbox"/> One Month	\$120.00	\$60.00
	<input type="checkbox"/> Two Months	\$460.00	\$230.00
	<input type="checkbox"/> Three Months	\$1,050.00	\$525.00
	<b>Total \$ 120.00</b>		
	<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims							
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee	
				Large Entity	Small Entity		
Total Claims	30	30	0	\$50.00	\$25.00	\$0.00	
Independent Claims	7	7	0	\$210.00	\$105.00	\$0.00	
Multiple Dependent Claims			0	\$370.00	\$185.00	\$0.00	
						Total	\$0.00

<b>Fee Payment</b>		<b>Fee Deficiency</b>	
Extension Fees	\$120.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> and/or	
Appeal Brief	\$510.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
<b>Total</b>	<b>\$630.00</b>		
<input type="checkbox"/> Attached is check no. _____ in the sum of \$ <u>0.00</u> . <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <b>\$630.00</b> . <b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a)</b>  I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at (571)273-8300, or transmitted electronically on the date shown below.		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to:  Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107	
By:  Date: <u>August 20, 2008</u> Leslie J. Mills		Respectfully Submitted,  By: Guy V. Tucker Date: <u>August 20, 2008</u> Registration No. 45,302	